

## Negotiating a Crisis Plan

### 1. Identify the crisis

- a. At what point do the client and caregiver believe the situation has become a crisis?
- b. What does this look like to the family? What is happening specifically?

### 2. Prevention Planning (Managing potential crisis)

-includes identifying triggers and de-escalation techniques for both the client and the helpers. The goal is to prevent or reduce the intensity of the impending crisis situation.

- a. What are the triggers?
- b. What does the client need to happen for de-escalation?
- c. What do I (the client) need others to do to help me?
- d. Who needs to be involved? Who can help? Phone numbers?
- e. What can I (the client) do to help myself? Coping skills, etc.

### 3. Action Plan (Need additional help)

-a plan to implement when the situation is becoming or has become a crisis. This is multi-leveled starting with the least restrictive up to and including calling 911 if needed. At what point do we call for professional help?

- a. How can my caregiver keep me safe?
- b. Who do we call and what are the phone numbers? (On-call therapist, etc.)

### 4. Recovery Plan

This allows the client and family to repair any damage that was done during the crisis, be it hurt feelings, embarrassment, anxiety, or fear. The client and family recover and are able to refocus on goals, objectives, and interventions as indicated in their plan of care.

- a. What needs to happen so the client can move past this?  
-very individualized - Family culture, values, and beliefs will largely influence how the client and family choose to develop a recovery plan.

## Sample Crisis Plan

### **Prevention Plan**

1. Melissa goes to her room.  
-Melissa will draw in sketch book, listen to music, or write in her journal.
2. Mom will give Melissa 5 minutes and then check on her.  
Mom will ask Melissa if she is ok.  
Melissa will respond yes.  
Mom will leave the room.
3. In 10-15 minutes, mom will check on Melissa.  
Mom will ask Melissa if she is ok.  
Melissa will respond with yes.  
Mom will leave the room.
4. This is repeated until Melissa indicates that she is ready to talk. She will come out of her room or ask her mom to stay.

If this is not working.....

5. Call grandma – ask her to come over
6. If the weather is nice and mom and Melissa agree, Melissa will go for a walk around the block. (Both mom and Melissa are comfortable with this.)
7. Melissa will go to her grandma's so she and mom can take a break from each other.
8. Melissa or mom can call Aunt Jenny for support.

### **ACTION PLAN – CRISIS IS IN PROGRESS**

1. If Melissa cannot calm down, she can call the on-call therapist for assistance. If mom needs assistance in calming her down, she can also call the on-call therapist. (phone #)
2. If Melissa indicates that she wants to harm herself, mom will call 911. She does not feel it would be safe to ask her if she is serious or just trying to get attention, her way, or whatever....
3. If at any time, Melissa is a danger to herself or others, call 911.

### **Recovery Plan**

1. Melissa apologizes to anyone she thinks she has offended.
2. Melissa repairs any damage that she has done to property if possible or arranges to make repairs.
3. The family reviews the crisis plan and discusses what did and did not work. The family agrees to make changes to the plan as needed.
4. The family agrees not to dwell on the incident.

## Crisis Plan

**Client** Melissa X.      **Age:** 16      **ID #** XXXXX  
**Parent/Guardian:** Linda X    **Living Situation:** Living at home with mother and 2 siblings – recently released from PRTF

Date Plan Developed: 3/25/2011	Date of most recent update: 3/25/2011
Team Members who helped create the plan: Melissa X, Linda X, Grandma Annie, Aunt Jenny, Stephanie Hartman (wraparound facilitator)	
Copies of the plan were provided to: Med Records, IYS on-call, client file, wellness binder, family team members listed above	

### Diagnosis

Axis I	314.01 ADHD 300.4 Dysthymic Disorder
Axis II	None known
Axis III	None known
Axis IV	Px with primary support
Axis V	Current GAF: 45

### Current Medications

Medication	Dosage	Frequency	Rationale
Risperdal	.5 mg	a.m.	ADHD
Zoloft	20mg	a.m.	Depresssion
Seroquel	25 mg	p.m.	Sleep

**Allergies:** none known

**Medical conditions:** none known

### History of Hospitalizations

Hospital	Dates	Reason
PRTF X	3-20-2010 through 1-6-2011	Multiple suicide attempts, self injury
Youth and family preference regarding hospitalization: Children's Hospital		